

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N30613

1. Entity Name
OAK PARK AT SUNTREE ASSOCIATION, INC.



Principal Place of Business
**6939 N. WICKHAM RD
MELBOURNE, FL 32940 US**

Mailing Address
**P. O. BOX 410174
MELBOURNE, FL 32940 US**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2991577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, FRANCIS M CPA
6939 N. WICKHAM RD.
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCINTOSH, AMY
STREET ADDRESS	733 OAK PARK DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	SCHEINBART, ELIZABETH
STREET ADDRESS	742 GLENGARY DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	T
NAME	SUDARARMAN, RAVI
STREET ADDRESS	781 OAK PARK DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	P
NAME	AKRAM, PATRICIA
STREET ADDRESS	783 ELEGERRY DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	S
NAME	MCARTHUR, DANA
STREET ADDRESS	780 OAK PK DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000861119
04/02/08-80090-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAVI K SUDARARMAN

3/12/08